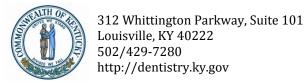
Approved

Rev. Sept 2010

Kentucky Board of Dentistry



FOR KBD USE ONLY

AFFIDAVIT OF THE ACTIVE PRACTICE OF DENTAL HYGIENE

Affidavit to be Completed Before a Notary

My commission expires ___

l,	, being duly sworn state that for five (5) of the six
(6) years immediately preceding the	filing of this application, I have been engaged in the active practice
of dental hygiene while I was legally	authorized to practice dental hygiene in a state or territory of the
United States or the District of Colur	mbia where the qualifications for the authorization were equal to
or higher than those of the Common	nwealth of Kentucky.
Signature of Applicant	
State of	
County of) ss)
Signed and sworn to before me this	
day of, 20	·
6.	
SignatureNotary Public	

Return along with your application to:

Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222